



House of Representatives

General Assembly

File No. 389

January Session, 2011

House Bill No. 6352

House of Representatives, April 5, 2011

The Committee on Human Services reported through REP. TERCYAK of the 26th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING THE MEMBERSHIP OF THE ADVISORY COUNCIL ON CHILDREN AND FAMILIES AND MODIFICATIONS TO STATUTES CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (a) of section 17a-4 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2011*):

4 (a) There shall be a State Advisory Council on Children and
5 Families which shall consist of [~~seventeen~~] nineteen members
6 appointed by the Governor, including at least five persons who are
7 child care professionals, two persons eighteen to twenty-five years of
8 age, inclusive, served by the Department of Children and Families, one
9 child psychiatrist licensed to practice medicine in this state and at least
10 one attorney who has expertise in legal issues related to children and
11 youth. The balance of the advisory council shall be representative of
12 young persons, parents and others interested in the delivery of services

13 to children and youths, including child protection, behavioral health,
14 juvenile justice and prevention services. No less than fifty per cent of
15 the council's members shall be parents, foster parents or family
16 members of children who have received, or are receiving, behavioral
17 health services, child welfare services or juvenile services and no more
18 than half the members of the council shall be persons who receive
19 income from a private practice or any public or private agency that
20 delivers mental health, substance abuse, child abuse prevention and
21 treatment, child welfare services or juvenile services. Members of the
22 council shall serve without compensation, except for necessary
23 expenses incurred in the performance of their duties. The Department
24 of Children and Families shall provide the council with funding to
25 facilitate the participation of those members representing families and
26 youth, as well as for other administrative support services. Members
27 shall serve on the council for terms of two years each and no member
28 shall serve for more than two consecutive terms. The commissioner
29 shall be an ex-officio member of the council without vote and shall
30 attend its meetings. Any member who fails to attend three consecutive
31 meetings or fifty per cent of all meetings during any calendar year
32 shall be deemed to have resigned. The council shall elect a chairperson
33 and vice-chairperson to act in the chairperson's absence.

34 Sec. 2. Section 17a-3 of the general statutes is repealed and the
35 following is substituted in lieu thereof (*Effective July 1, 2011*):

36 (a) The department shall plan, create, develop, operate or arrange
37 for, administer and evaluate a comprehensive and integrated
38 state-wide program of services, including preventive services, for
39 children and youths whose behavior does not conform to the law or to
40 acceptable community standards, or who are mentally ill, including
41 deaf and hearing impaired children and youths who are mentally ill,
42 emotionally disturbed, substance abusers, delinquent, abused,
43 neglected or uncared for, including all children and youths who are or
44 may be committed to it by any court, and all children and youths
45 voluntarily admitted to, or remaining voluntarily under the
46 supervision of, the commissioner for services of any kind. Services

47 shall not be denied to any such child or youth solely because of other
48 complicating or multiple disabilities. The department shall work in
49 cooperation with other child-serving agencies and organizations to
50 provide or arrange for preventive programs, including, but not limited
51 to, teenage pregnancy and youth suicide prevention, for children and
52 youths and their families. The program shall provide services and
53 placements that are clinically indicated and appropriate to the needs of
54 the child or youth. In furtherance of this purpose, the department
55 shall: (1) Maintain the Connecticut Juvenile Training School and other
56 appropriate facilities exclusively for delinquents; (2) develop a
57 comprehensive program for prevention of problems of children and
58 youths and provide a flexible, innovative and effective program for the
59 placement, care and treatment of children and youths committed by
60 any court to the department, transferred to the department by other
61 departments, or voluntarily admitted to the department; (3) provide
62 appropriate services to families of children and youths as needed to
63 achieve the purposes of sections 17a-1 to 17a-26, inclusive, 17a-28 to
64 17a-49, inclusive, and 17a-51; (4) establish incentive paid work
65 programs for children and youths under the care of the department
66 and the rates to be paid such children and youths for work done in
67 such programs and may provide allowances to children and youths in
68 the custody of the department; (5) be responsible to collect, interpret
69 and publish statistics relating to children and youths within the
70 department; (6) conduct studies of any program, service or facility
71 developed, operated, contracted for or supported by the department in
72 order to evaluate its effectiveness; (7) establish staff development and
73 other training and educational programs designed to improve the
74 quality of departmental services and programs, provided no social
75 worker trainee shall be assigned a case load prior to completing
76 training, and may establish educational or training programs for
77 children, youths, parents or other interested persons on any matter
78 related to the promotion of the well-being of children, or the
79 prevention of mental illness, emotional disturbance, delinquency and
80 other disabilities in children and youths; (8) develop and implement
81 aftercare and follow-up services appropriate to the needs of any child

82 or youth under the care of the department; (9) establish a case audit
83 unit to monitor each area office's compliance with regulations and
84 procedures; (10) develop and maintain a database listing available
85 community service programs funded by the department; (11) provide
86 outreach and assistance to persons caring for children whose parents
87 are unable to do so by informing such persons of programs and
88 benefits for which they may be eligible; and (12) collect data sufficient
89 to identify the housing needs of children served by the department
90 and share such data with the Department of Economic and
91 Community Development.

92 (b) (1) The department, with the assistance of the State Advisory
93 Council on Children and Families, and in consultation with
94 representatives of the children and families served by the department,
95 providers of services to children and families, advocates, and others
96 interested in the well-being of children and families in this state, shall
97 develop and regularly update a single, comprehensive strategic plan
98 for meeting the needs of children and families served by the
99 department. In developing and updating the strategic plan, the
100 department shall identify and define agency goals and indicators of
101 progress, including benchmarks, in achieving such goals. The strategic
102 plan shall include, but not be limited to: (A) The department's mission
103 statement; (B) the expected results for the department and each of its
104 mandated areas of responsibility; (C) a schedule of action steps and a
105 time frame for achieving such results and fulfilling the department's
106 mission that includes strategies for working with other state agencies
107 to leverage resources and coordinate service delivery; (D) priorities for
108 services and estimates of the funding and other resources necessary to
109 carry them out; (E) standards for programs and services that are based
110 on research-based best practices, when available; and (F) relevant
111 measures of performance.

112 (2) The department shall begin the strategic planning process on
113 July 1, 2009. The department shall hold regional meetings on the plan
114 to ensure public input and shall post the plan and the plan's updates
115 and progress reports on the department's web site. The department

116 shall submit the strategic plan to the State Advisory Council on
117 Children and Families for review and comment prior to its final
118 submission to the General Assembly and the Governor. On or before
119 July 1, 2010, the department shall submit the strategic plan, in
120 accordance with section 11-4a, to the General Assembly and the
121 Governor.

122 (3) The commissioner shall track and report on progress in
123 achieving the strategic plan's goals not later than October 1, 2010, and
124 quarterly thereafter, to said State Advisory Council. The commissioner
125 shall submit a status report on progress in achieving the results in the
126 strategic plan, in accordance with section 11-4a, not later than July 1,
127 2011, and annually thereafter to the General Assembly and the
128 Governor.

129 [(c) The department shall prepare a plan to keep children who are
130 convicted as delinquent and will be committed to the Department of
131 Children and Families and placed in the Connecticut Juvenile Training
132 School in such facility for at least one year after their referral to the
133 department, which plan shall include provisions for development of a
134 comprehensive approach to juvenile rehabilitation.]

135 Sec. 3. Section 17a-102a of the general statutes is repealed and the
136 following is substituted in lieu thereof (*Effective July 1, 2011*):

137 (a) Each birthing hospital shall provide education and training for
138 nurses and other staff who care for high-risk newborns on the roles
139 and responsibilities of such nurses and other staff as mandated
140 reporters of potential child abuse and neglect under section 17a-101.

141 (b) [Not later than October 1, 2002, the] The Department of Children
142 and Families shall [adopt regulations, in accordance with the
143 provisions of chapter 54, on] coordinate with the birthing hospitals in
144 the state to disseminate information regarding the procedures for the
145 principal providers of daily direct care of high-risk newborns in
146 birthing hospitals to participate in the discharge planning process and
147 ongoing department functions concerning such newborns.

148 (c) For purposes of this section, "birthing hospital" means a health
149 care facility, as defined in section 19a-630, operated and maintained in
150 whole or in part for the purpose of caring for women during delivery
151 of a child and for women and their newborns following birth, and
152 "high-risk newborn" means any newborn identified as such under any
153 regulation or policy of the Department of Children and Families.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2011</i>	17a-4(a)
Sec. 2	<i>July 1, 2011</i>	17a-3
Sec. 3	<i>July 1, 2011</i>	17a-102a

KID *Joint Favorable C/R*

HS

HS *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

There is no fiscal impact to the Department of Children and Families to: (1) reduce the membership of the State Advisory Council on Children and Families from nineteen to seventeen members, (2) include foster parents on the Council, and (3) eliminate certain planning and regulatory requirements.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 6352*****AN ACT CONCERNING THE MEMBERSHIP OF THE ADVISORY COUNCIL ON CHILDREN AND FAMILIES AND MODIFICATIONS TO STATUTES CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES.*****SUMMARY:**

This bill adds two members to the State Advisory Council on Children and Families (SAC) and adds foster parents to its membership. The bill deletes the Department of Children and Families' (DCF) duty to prepare a plan on (1) delinquent children to be placed in the Connecticut Juvenile Training School and (2) an approach to juvenile rehabilitation. It also deletes the requirement that DCF adopt regulations concerning discharge planning for, and ongoing DCF involvement with, high-risk newborns. Instead of regulations, the bill substitutes a coordination of DCF's efforts with birthing hospitals to disseminate information on the care of high-risk newborns.

EFFECTIVE DATE: July 1, 2011, except for the provision on SAC membership, which is effective October 1, 2011.

STATE ADVISORY COUNCIL ON CHILDREN AND FAMILIES

The governor appoints all members of the council (see BACKGROUND), which the bill increases from 17 to 19 members. Under current law, at least 50% of the members must be parents or family members of children who are receiving or have received behavioral health, child welfare, or juvenile services. The bill adds foster parents to this portion of the membership.

PLAN FOR DELINQUENT CHILDREN

The bill eliminates the requirement, enacted in 1999, that DCF prepare a plan for convicted delinquents committed to the department

and placed in the then-new Connecticut Juvenile Training School for at least one year. The plan must include provisions for a comprehensive approach to juvenile rehabilitation.

CARE OF HIGH-RISK NEWBORNS

The bill eliminates the requirement that DCF adopt regulations on the procedures principal providers (e.g., nurses and nursing assistants) of daily direct care for high-risk newborns must follow to participate in the discharge planning process and ongoing DCF functions concerning these newborns. Instead, DCF must coordinate with birthing hospitals (those in the state that care for women during delivery of a child or for women and their newborns following birth) to disseminate information on these procedures.

BACKGROUND

State Advisory Council on Children and Families

By law, SAC makes recommendations to DCF about programs, legislation, and other matters to improve services; annually advises the commissioner on her proposed budget; explains DCF's policies, duties, and programs to the public; issues reports to the governor and commissioner as needed; assists in developing and reviews and comments on DCF's strategic plan; receives quarterly reports from the commissioner concerning DCF's progress in carrying out the strategic plan; independently monitors DCF's progress in achieving the strategic plan's goals; and offers DCF assistance and an outside perspective to help it achieve its goals.

DCF provides the council with funding for administrative support and to facilitate participation by council members representing families and youth.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable

Yea 12 Nay 0 (03/03/2011)

Human Services Committee

Joint Favorable

Yea 18 Nay 0 (03/22/2011)